

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 02/25/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>175277</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C <b>02/25/2014</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BRANDON WOODS AT ALVAMAR</b>				STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1501 INVERNESS DR LAWRENCE, KS 66047</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS			{F 000}			
{F 323}	<p>The following citations represent the findings of a Non-compliance Revisit and Complaint investigation #KSKS00071711, KS00071785, KS00071966.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This Requirement is not met as evidenced by: The facility reported a census of 110 residents and the sample was 8. Based on observation, record review, and interview the facility failed to implement fall prevention interventions as planned for one residents (#1) with a history of falls.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Resident #1's quarterly Minimum Data Set (MDS) 3.0 dated 1/1/14 recorded the resident with a Brief Interview for Mental Status (BIMS) score of 8 which indicated the resident was moderately cognitively impaired. The MDS recorded the resident required limited assistance with dressing, toilet use, and personal hygiene.</li> </ul> <p>The Care Area Assessment (CAA) dated 7/10/13 for falls recorded the resident was at risk for falls due to cognitive problems and needed his/her walker to steady his/her gait.</p>			{F 323}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 323}	<p>Continued From page 1</p> <p>The care plan dated 1/18/14 documented due to falls staff were to place a fall mat beside the bed when the resident was in bed. The staff were to anticipate the resident's needs such as toileting and to check on the resident every 2 hours.</p> <p>A data collection tool dated 12/19/13 reported the resident had memory impairment for short term memory, long term memory and situational memory.</p> <p>Record review revealed the resident fell on 6/30/13 from a chair, 7/4/13 from the toilet, 10/30/13 from the bed, and 11/10/13 from a standing position, all without injury.</p> <p>On 12/15/13 a fall intervention to place a fall mat next to the resident 's bed was put in place.</p> <p>A nurse's note dated 1/2/14 at 1:40 A.M. reported the staff found the resident on the floor.</p> <p>The clinical record lacked documentation of a fall mat beside the bed.</p> <p>Observation on 2/17/14 at 3:34 P.M. revealed the resident awake while he/she laid in bed. A fall mat was not positioned beside the bed.</p> <p>Interview with direct care staff K on 2/19/14 at 1:34 P.M. stated the staff kept the resident safe by providing a fall mat by his/her bed at night and lowered the bed to the floor. The staff kept a close eye on him/ her and we gave the resident extra help as needed. The staff do not use the fall mat during the day because we go into his/her room so often.</p> <p>Interview with licensed staff H on 2/19/14 at 1:39 P.M. stated the resident had declined in the past few months. The staff were to use a fall mat next to the bed when the resident was in the bed.</p>	{F 323}			

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{F 323}	Continued From page 2 The facility policy for falls dated 10/1/11 documented the facility staff would be made aware of different fall interventions. The facility failed to implement a fall prevention intervention as planned for this cognitively impaired resident with a history of falls.	{F 323}			
F 325 SS=G	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE  Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.  This Requirement is not met as evidenced by: The facility reported a census of 110 residents and the sample was 8. Based on observation, record review, and interview the facility failed to provide consistent interventions for significant weight loss for resident (# 2) of 3 residents sampled for weight loss which resulted in weight loss from April 2013 to November 2013 of 8.9 percent (%) in 6 months. The resident had continued weight loss from November to January of 3.3% in 3 months after the recommendation by the dietician was not followed.  Findings included:  - Resident #2's annual Minimum Data Set (MDS) 3.0 dated 12/4/13 recorded the resident with a Brief Interview for Mental Status (BIMS) score of	F 325			

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F 325	<p>Continued From page 3</p> <p>11, which indicated the resident was moderately cognitively impaired. The MDS recorded the resident required limited assistance with eating. The MDS indicated a weight loss of 5 percent (%) or more in the last month or 10% or more in last 6 months.</p> <p>The Care Area Assessment (CAA) dated 12/4/13 for nutrition recorded the resident had experienced weight loss and had requested small portions at meal times. The resident was on supplements and staff offered him/her snacks frequently.</p> <p>The care plan dated 9/10/13 documented the resident was on a regular diet and had experienced weight loss. The resident ordered half portions at meals and received 80 milliliters (ml) of Resource 2.0 Supplement (high calorie) three times a day.</p> <p>Review of the resident ' s weight record revealed the following: December 2012 - 144.2 pounds (lbs.), January 2013 - 138.2 lbs., February 2013 - 130.4 lbs., March 2013 - 126.4 lbs., April 2013 - 125.2 lbs., May 2013 - 127.2 lbs., June 2013 - 123.1 lbs., July 2013 - 121 lbs., August 2013 - 119 lbs., September 2013 - 117.9 lbs., October 2013 - 117 lbs., November 2013 - 114.1 lbs., December 2013 - 113.3, lbs. January 2014 - 110.3 lbs., and February 2014 - 108 lbs.</p> <p>A dietician note dated 10/24/12 recommended to start Resource 2.0 at 80ml three times a day. The clinical record lacked evidence the staff followed the recommendation.</p> <p>A dietician note dated 1/16/13 reported staff did not follow the previous recommendation.</p>	F 325			

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F 325	<p>Continued From page 4</p> <p>A certified dietary manager note dated 3/5/13 documented the resident ' s weight was down 5.9% in the past 30 days and staff offered the resident snacks between meals.</p> <p>A physician ' s order dated 4/5/13 documented the start of Resource 2.0 at 80 ml three times a day, 6 months after the dietitian recommended the Resource.</p> <p>A dietitian note dated 4/9/13 reported the start of the Resource 2.0 at 80 ml three times a day.</p> <p>A dietitian note dated 11/5/13 recommended to increase the Resource 2.0 at 80 ml to four times a day and give snacks twice a day. The clinical record lacked evidence staff followed the recommendation.</p> <p>A dietitian noted dated 12/10/13 reported a current weight of 113 lbs., indicating the resident was underweight. The dietitian recommended to increase Resource 2.0 at 80 ml to four times a day, give snacks twice a day and request an appetite stimulant from the physician. The clinical record lacked evidence staff followed the recommendation.</p> <p>A dietitian note dated 1/14/14 reported a recommendation to increase the Resource from 80 ml to 120 ml three times a day.</p> <p>A physicians order dated 1/15/14 increased the residents Resource from 80 ml three times a day to 120 ml three times a day.</p> <p>Observation on 2/17/14 at 11:36 A.M. revealed the resident sat in a chair at the dining room table and drank his/her water. Staff brought the</p>	F 325			

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F 325	<p>Continued From page 5</p> <p>resident roasted chicken thighs, sweet potatoes, mixed vegetables and a roll. The meat was cut up in small pieces, and the resident was able to butter his/her own roll. The staff asked the resident if he/she wanted anything else. The resident ate approximately 50% of his/her meal.</p> <p>Observation on 2/19/14 at 7:40 A.M. revealed the resident sat at the dining room table and ate a scrambled egg, a piece of toast and a sausage cut up for him/her. The resident ate 75% of his/her meal.</p> <p>Observation on 2/19/14 at 9:10 A.M. staff administered the resident ' s medication and 120 ml of Resource and the resident consumed all of it.</p> <p>Interview with the resident on 2/17/14 stated he/she would eat what he/she could but he/she got tired and could not eat anymore.</p> <p>Interview with administrative staff D on 2/19/14 stated when the resident ' s weights flagged for weight loss, and we had the dietician with us and he/she would give us recommendations.</p> <p>Interview with administrative staff C on 2/20/14 at 8:30 A.M. stated the resident received what he/she requested for food. Administrative staff C stated did not know why the resident was not started on supplements and acknowledged the resident was not started on the recommended supplements.</p> <p>Interview with licensed staff G on 2/20/14 at 10:18 A.M. stated the resident had a snack scheduled for every morning but he/she just drank the supplement so he/she would not want a snack.</p>	F 325			

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F 325	Continued From page 6  Interview with dietary manager Q on 2/20/14 at 1:13 P.M. stated the resident did not flag for weight loss until April of 2013. The resident received fortified foods if he/she wanted them.  Interview with dietary consultant U on 2/24/14 at 10:52 A.M. stated he/she expected the recommendations to be followed by the facility. He/she also wanted to be informed if the recommendations were not followed so that other recommendations could be made. The facility policy dated 6/30/10 documented staff reviewed the dietary recommendations with the attending physician and implemented as ordered. The facility failed to provide interventions as recommended for this resident with a significant weight loss.	F 325			